



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1/30/02
Time Start 10:15 AM
Time Finish 12:55 P.M.
Insp Id 1095870

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR

☐ S Q GENERATOR

Company name B Braun Medical, Inc I.D. Number PAD 982679169
Site Address 901 Marcon Blvd., Allentown PA 18103-9341
County Lehigh Municipality Hanover Twp. Zip 18103-9341
Name of Inspector Rebecca Bell
Name & Title of Responsible Official Al Kiani - Vice President of Operations
Person Interviewed Stephen Sterrick, Davelaury, Joe Patterson Telephone (610) 266-0500
Mailing Address (if different from above) Same
Amount of Hazardous Waste Generated per Month: 2200 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☒ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types Fluorescent lamps → switched to green lamps

3. Hazardous Waste Transporters:

Transporter Name DART Trucking Company, Inc. License Number PA-AH 0219

Transporter Name St. Joseph Motor Lines License Number PA-AH 0390

Transporter Name Midwest Environmental Transport, Inc. License Number PA-AH 0368

4. Types of hazardous waste generated and destination facility (location & type).

| Waste Code | Waste Description | Destination Facility |
|------------------|---|---|
| F002 | RQ Waste Flammable Solid - ^{methylene} Chloride | OH0980603541 Van Roll America, Inc. |
| D001 | RQ Waste Flammable Liquid - Isopropanol | Chemical Conservation of Georgia |
| F002 | RQ Waste Flam liquid - ^{Isopropyl Alcohol} methylene chloride | GA0993380814 |
| D001 | RQ Waste Flam liquid - Hydraulic oil & mineral spirits | |
| D001, D002, D009 | (D002) Corrosives liquid - acidic, basic waste (D009) Carbon tetrachloride | OH0083377010 Environmental Enterprises, Inc. |
| | | |

Original: NERO - w/m files - inspection file PAD 982679169

cc: BOO via C. Gitschier

EPA
facility

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name B. Braun Medical, Inc. ID Number PA0 982679169 Date 1/30/02

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

| 1 | 2 | 3 | 4 | REQUIREMENT | PA CIT. 25 PA Code | FED. CIT. 40 CFR | LINE NO. |
|---|---|---|---|---|-----------------------|---------------------------|-------------|
| 1 | | | | Hazardous waste determination performed on all waste streams | 262a.10 | 262.11 | H001 |
| 1 | | | | Identification Number | 262a.10 | 262.12 | H002 |
| 1 | | | | Authorized transporters only | 262a.10 | 262.12(c) | H003 |
| 1 | | | | Subsequent notification requirements met | 262a.12(b) | | H004 |
| 1 | | | | Proper manifest used | 262a.10 | 262.21 | H005 |
| 1 | | | | Manifests filled out correctly and completely | 262a.20 | | H006 |
| 1 | | | | Manifests signed and routed properly | 262a.23(a) | 262.23 | H007 |
| 1 | | | | Generator waste accumulated on site for 90 days or less | 262a.10 | 262.34(a) | H008 |
| | 2 | | | SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days | 262a.10 | 262.34(e)(f) | H009 |
| | 2 | | | SQG waste accumulated on-site never exceeds 6000 kg | 262a.10 | 262.34(e)(f) | H010 |
| 1 | | | | Satellite accumulation requirements complied with | 262a.10 | 262.34(c) | H011 |
| 1 | | | | Personnel training program per 265.16 complied with | 262a.10 | 262.34(a)(4) 262.34(d) | H012 |
| 1 | | | | Manifest exception and biennial reports retained for 3 years | 262a.10 | 262.40(a)(b) | H013 |
| 1 | | | | Specified records retained for three years | 262a.10 | 262.40(c) | H014 |
| 1 | | | | Biennial reports submitted to the Department (LQG only) | 262a.41 | 262.41 | H015 |
| 1 | | | | Exception reporting procedures followed | 262a.42 | 262.42 | H016 |
| 1 | | | | Spill reporting procedures followed | 262a.10 | 262.34(d) | H017 |
| 1 | | | | PPC plan developed and implemented | 262a.10 | 262.34(a) | H018 |
| 1 | | | | Special requirements followed for international shipments | 262a.10 | 262.50 262.60 | H019 |
| 1 | | | | Source reduction strategy prepared and available (LQG only) | 262a.100 | | H020 |
| 1 | | | | Excluded waste complies with exclusionary requirements | 261a.4 | 261.4 | H021 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name B. Braun Medical, Inc. ID Number PA0982679169 Date 1/30/02
1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

| 1 | 2 | 3 | 4 | REQUIREMENT | PA CIT. 25 PA Code | FED CIT. 40 CFR | LINE NO. |
|---|---|---|---|--|----------------------------|--------------------|-------------|
| | | | | CONTAINERS (Subchapter I) | | | |
| 1 | | | | Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I | 262a.10 | 262.34 | H025 |
| 1 | | | | Containers of hazardous waste in good condition | 265a.1 | 265.171 | H026 |
| 1 | | | | Containers and stored waste compatible | 265a.1 | 265.172 | H027 |
| 1 | | | | Containers kept closed except during addition or removal of wastes | 265a.1 | 265.173(a) | H028 |
| 1 | | | | Containers managed to prevent leaks | 265a.1 | 265.173(b) | H029 |
| 1 | | | | Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment | 265a.173 | | H030 |
| 1 | | | | Container storage areas inspected at least weekly | 265a.1 | 265.174 | H031 |
| 1 | | | | Special requirements for ignitable or reactive and incompatible waste complied with | 265a.1 | 265.176-177 | H032 |
| 1 | | | | Proper containment and collection systems in place | 265a.179 | | H033 |
| 1 | | | | Air emission standards complied with (AA, BB, CC) | 265a.1 | 265.178 | H034 |
| 1 | | | | Containers clearly marked with accumulation date and visible for inspection | 262a.10 | 262.34(a)(2) | H035 |
| 1 | | | | Containers labeled "Hazardous Waste" | 262a.10 | 262.34(a)(3) | H036 |
| 1 | | | | Containers labeled accurately identify contents | SWMA 6018.403(b) (2) | | H037 |



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID 1095871

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD 982679169
 Site Name: B Braun Medical, Inc.
 Address: 901 Maroon Boulevard
Allentown, PA 18103-9341
 Municipality: Hanover Twp
 Responsible Official: Al Kiani
 Person Interviewed: Stephen Stanick, Dave Lauer, Joe Ratto
 Inspector: Rebecca Bell
 eFACTS ID #: PF _____ SF _____

Telephone #: (610) 266-0500
 Operator Name: _____
 Address: _____
 County: Lehigh County
 Title: Vice President of Operations
 Title: Sterilization Manager / EH&S Supervisor / EH&S Coordinator
 Title: Solid Waste Specialist

Inspection Date: 01/30/2002 Type: routine No. of Violations: None Time: 10:45 AM

| | |
|---|-------------------------|
| Waste Description: <u>Waste plastic, paper, and other municipal waste-like waste</u> | Waste Code: <u>R400</u> |
| Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type: _____ |
| Type of Storage: <input checked="" type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments | |
| Disposition: Destination Facility <u>Chromalox / BFI, Inc.</u> | |
| Location: <u>Easton, PA / Morgantown, PA</u> | Type: <u>landfills</u> |
| Amount Generated: <u>657 71 tons in 1998 16.7 mo.</u> | |
| Waste Description: _____ | Waste Code: _____ |
| Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments | |
| Disposition: Destination Facility _____ | |
| Location: _____ | Type: _____ |
| Amount Generated: _____ lb./mo. | |
| Waste Description: _____ | Waste Code: _____ |
| Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments | |
| Disposition: Destination Facility _____ | |
| Location: _____ | Type: _____ |
| Amount Generated: _____ lb./mo. | |
| Waste Description: _____ | Waste Code: _____ |
| Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Type of Storage: <input type="checkbox"/> Containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piles <input type="checkbox"/> Impoundments | |
| Disposition: Destination Facility _____ | |
| Location: _____ | Type: _____ |
| Amount Generated: _____ lb./mo. | |

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

Page 3 of 6

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection January 30, 2002Identification Number PAD 982 679 169Company/Facility/Site Name B Braun Medical, Inc. 901 Marcon Blvd., Allentown, PA 18103-9341

I conducted a routine large quantity hazardous waste generator and a residual waste generator inspection on January 30, 2002 from 10:15 a.m.-12:55 p.m. at B Braun Medical, Inc. Jonathan Ulanoski and Brian Hilliard were also present for the Department. Stephen Stancick, Dave Lauer, and Joe Patterson of B Braun Medical, Inc. were present during the inspection. B Braun Medical, a listed large quantity generator of hazardous waste, manufactures plastic disposable medical devices at this facility.

During the site inspection, the hazardous waste storage area was inspected. There were spill kits located at the hazardous waste storage area. A satellite accumulation area for methylene chloride contaminated rags was observed. The residual waste is picked up by Raritan Valley. The corrugated cardboard and paper are recycled through Raritan Valley. The sharps that are generated on site are picked up weekly by SMI. No problems were observed during the site inspection.

B Braun Medical's hazardous waste, residual waste and infectious waste manifests were examined and appear to be in order. The training records are up-to-date. The Source Reduction Strategy for hazardous waste and residual waste were last updated on August 23, 1999. The PPC plan was updated on March 23, 2001 (B Braun Medical updates annually). The hazardous waste biennial report was inspected during the last inspection of the facility.

No violations noted.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed

Date _____

Inspector (signature) Rebecca A BellDate 2/19/02Page 6 of 6

EVALUATION - VIOLATION - ENFORCEMENT FORM

07/97 VERSION

Handler ID Number:

P A D 9 8 2 6 7 9 1 6 9

RCRA Non-Notifier YES [] NO [X]

If YES, the handler section must be completed.

Handler Name:

B Braun Medical, Inc.

Street:

901 Maroon Blvd.

City:

Allentown

State:

PA

Zip Code:

18103-9341

County or County Code:

Lehigh

Contact:

Stephen Stencick

UNIVERSE CHANGE REQUIRED:

YES []

NO [X]

or Indicate Universe Status of the RCRA Non-Notifier:

I. Indicate the facility's current Universe(s):

III. Indicate the new transporter status :

II. Indicate the new RCRIS Generator Universe:

LQG [] SQG [] CEG []

NON-HANDLER []

CLOSED []

NOTE: All TSD activities changes must be handled by the state data coordinator and cannot be made using this form!

Transporter []

You must check at least one of the boxes

Mark Mode of Transportation

[] Air [] Water
[] Rail [] Other
[] Highway

Non-Transporter []

Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.

EVALUATION:

Add [X]

Change []

Delete []

Date

Number

Agency

Type

Reason

Branch

Person

01/13/00

5

CE

PA, RA, B

AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)

| | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|
| GGR [E] | GSC [] | TWD [] | DGW [] | DOR [] | DWP [] | BRR [] | FEA [] |
| GLB [E] | GSQ [] | DCH [] | DLB [] | DPB [] | DIN [] | BPS [] | CSS [] |
| GMR [E] | GEX [] | DCL [] | DLF [] | DPP [] | DIA [] | BIS [] | UOR [] |
| GOR [E] | TGR [] | DCP [] | DLT [] | DSI [] | DPS [] | BCE [] | SCC [] |
| GPT [] | TMR [] | DFR [] | DMC [] | DTR [] | DOP [] | BDT [] | [] |
| GRR [E] | TOR [] | DGS [] | DMR [] | DTT [] | DMI [] | CAS [] | [] |

Comments: no violations noted

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION:

| Agency | Number | Area | Date Determined | Agency | Number | Area | Date Determined |
|--------|--------|------|-----------------|--------|--------|------|-----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

VIOLATION:

Add []

Change []

Delete []

Link to Above Evaluation [Y/N]

Agency

Number

Area

Class

Regulation Type

Regulation Citation

[]

[]

[]

[]

[]

[]

Date Determined

Priority

Branch

Person

Returned to Compliance
Scheduled Actual

[]

[]

[]

[]

[]

[]

Comments:



Required



Required if pertinent



Required only for previously reported data



Not Required by EPA

ADDITIONAL VIOLATIONS FORM

PLEASE ATTACH TO EVALUATION - VIOLATION - ENFORCEMENT FORM

| | | | |
|-------------------|--|---------------------------------|--------|
| Handler ID Number | | Handler Name | |
| VIOLATION | | Add | Change |
| Delete | | Link to Above Evaluation? (Y/N) | |

| | | | | |
|--------------------------|----------------------|----------------------|----------------------|------------------------|
| Agency | Number | Area | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Determined | | Priority | Branch | Person |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | Returned to Compliance |
| | | | | Scheduled |
| | | | | Actual |
| | | | | <input type="text"/> |
| | | | | <input type="text"/> |
| Comments | | | | |

| | | | |
|-----------|--|---------------------------------|--------|
| VIOLATION | | Add | Change |
| Delete | | Link to Above Evaluation? (Y/N) | |

| | | | | |
|--------------------------|----------------------|----------------------|----------------------|------------------------|
| Agency | Number | Area | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Determined | | Priority | Branch | Person |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | Returned to Compliance |
| | | | | Scheduled |
| | | | | Actual |
| | | | | <input type="text"/> |
| | | | | <input type="text"/> |
| Comments | | | | |

| | | | |
|-----------|--|---------------------------------|--------|
| VIOLATION | | Add | Change |
| Delete | | Link to Above Evaluation? (Y/N) | |

| | | | | |
|--------------------------|----------------------|----------------------|----------------------|------------------------|
| Agency | Number | Area | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Determined | | Priority | Branch | Person |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | Returned to Compliance |
| | | | | Scheduled |
| | | | | Actual |
| | | | | <input type="text"/> |
| | | | | <input type="text"/> |
| Comments | | | | |

| | | | |
|-----------|--|---------------------------------|--------|
| VIOLATION | | Add | Change |
| Delete | | Link to Above Evaluation? (Y/N) | |

| | | | | |
|--------------------------|----------------------|----------------------|----------------------|------------------------|
| Agency | Number | Area | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Determined | | Priority | Branch | Person |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | Returned to Compliance |
| | | | | Scheduled |
| | | | | Actual |
| | | | | <input type="text"/> |
| | | | | <input type="text"/> |
| Comments | | | | |